**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

I hereby certify that this transmittal of the below described document is being deposited with the United States Postal Service in an envelope bearing First Class-Postage and addressed to the Commissioner for Patents P.O. Box 1450, Alexandria, VA 22313-1450, on the below date of deposit.

Date of Deposit:	<b>10/06/2006</b>	Name of Person Making the Deposit:	<b>Savanah Woodd</b>	Signature of the Person Making the Deposit:	<i>Savanah Woodd</i>
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In re Application of: **Dongyan WANG**

Serial No.: **10/033,138**

Examiner: **PERUNGAVOOR, Venkatanaray**

Filed: **11/02/2001**

Art Unit: **2132**

Confirmation No. **7084**

For: **ROBUST AND FLEXIBLE GROUP STRUCTURE**

**Mail Stop Amendment  
Commissioner for Patents  
P.O.Box 1450  
Alexandria, VA 22313-1450**

**AMENDMENT TRANSMITTAL**

1. Transmitted herewith is a Amendment for this application

☒ Transmitted herewith is a response to an office action for the above identified patent application.

( 19 Sheets)

Transmitted herewith are \_\_\_\_\_ sheets of formal drawings

Transmitted herewith is \_\_\_\_\_

Other \_\_\_\_\_

2. Applicant is other than a small entity

**Extension of Term**

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(a) ☒ Applicant petitions for an extension of time under 37 C.F.R. 1.136  
(fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

<u>Extension</u>	<u>Fee</u>
<input checked="" type="checkbox"/> one month	\$ 120.00
<input type="checkbox"/> two months	\$ 450.00
<input type="checkbox"/> three months	\$ 950.00
<input type="checkbox"/> four months	\$1,480.00

**Fee \$120.00**

If an additional extension of time is required, please consider this a petition therefor.

(b) ☐ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

10/11/2006 MGE BREM1 00000025 10033138

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### Fee Calculation

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(for other than a small entity)					
Fee Items	Claims Remaining After Amendment	Highest Number of Claims Previously Paid For	Present Extra Claims	Fee Rate	Total
Total Claims	55	- 55 =	0	x \$50.00	\$0.00
Independent Claims	8	- 8 =	0	x \$200.00	\$0.00
Multiple Dependent Claim Fee (one or more, first added by this amendment)				\$260.00	
<b>Total Fees</b>					<b>\$00.00</b>

### PAYMENT OF FEES

5. The full fee due in connection with this communication is provided as follows:
- ☒ The Commissioner is hereby authorized to charge any additional fees associated with this communication or credit any overpayment to Deposit Account No.: 23-0085. A duplicate copy of this authorization is enclosed.
- ☒ Check No. 4959 in the amount of \$120.00
- ☐ Charge any fees required or credit any overpayments associated with this filing to Deposit Account No.: 23-0085.


Please direct all correspondence concerning the above-identified application to the following address:

**WAGNER, MURABITO & HAO LLP**  
 Two North Market Street, Third Floor  
 San Jose, California 95113  
 (408) 938-9060

Customer Number: 000045593

Respectfully submitted,

Date: October 06, 2006

By:   
**Kevin A. Brown**  
 Reg. No. 56,303